

STATEMENT REGARDING WORKERS' COMPENSATION  
INSURANCE/AFFIDAVIT

Public Act 96-216 requires that any persons engaged in construction, remodeling, refinishing, refurbishing, rehabilitation, alteration or repair work within the state be covered by Workers' Compensation insurance, and produce proof of such coverage to the local building official prior to issuance of a building permit, unless they are specifically exempted under the law. This Statement must be completed by any individual who is claiming exemption under the law or is providing a sworn notarized affidavit.

\_\_\_\_\_  
(Property Address)

I, the undersigned, am the:

- ☐ Owner in Fee of the above referenced Property, or;  
☐ Building Permit applicant and owner/agent of a contracting business known as:

\_\_\_\_\_  
and located at:

- ☐ I am the property owner and will be performing all the construction work personally at the above cited property.
- ☐ I am the sole proprietor of the above business, and have no employees as defined under Section 31-275 of the Workers' Compensation Act, as amended.
- ☐ I am the Owner/Agent of the above business ☐ acting as the G.C. I will provide the Town Building Department with ☐ Workers' Compensation Certificate of Insurance, or ☐ a sworn notarized affidavit stating that I will require proof of Workers' Compensation Insurance for all those employed on the job site in accordance with the provisions of the Workers' Compensation Act.
- ☐ I am the sole proprietor or property owner and will be acting as the general contractor. I will provide the Town Building Department with ☐ Workers' Compensation Certificate of Insurance, or ☐ a sworn notarized affidavit stating that I will require proof of Workers' Compensation Insurance for all those employed on the job site in accordance with the provisions of the Workers' Compensation Act.

I understand and agree that failure to comply with the insurance requirements of state law will subject me to civil penalties thereunder. I further understand that falsification in any way of the facts or conditions I have represented herein constitutes a false statement for which penalties under the law apply.

Legal Signature:

Date:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
(Notary)

☐ Owner of Property or Business    ☐ Corporate Officer